

CERTIFICATION:

I certify to the best of my knowledge and belief that 1) the dwelling units covered by this request are in decent, safe and sanitary condition; 2) the amount requested for each unit has been calculated in accordance with the provision of the Housing Assistance Payment Contract; 3) none of the amounts claimed has been previously claimed or paid; and 4) all other facts on which the request for funds is based are true and correct.

(Signature of Agency Representative)

(Date Prepared)